

## REQUEST FOR CRIMINAL HISTORY RECORD CHECK

Reason for Request: \_\_\_\_ Name-Based Search (\$15.00) \_\_\_\_ Fingerprint-Based Search (\$25.00)  
\_\_\_\_ Access and Review (\$25.00) \_\_\_\_ Wrongful Use of Name/SSN (\$25.00)  
Other: \_\_\_\_\_

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**Please print clearly all requested information regarding the person on whom the criminal record check is being conducted.**

Full Name: \_\_\_\_\_  
Last First Middle

Any Alias(es)/Former Name(s)  
including Maiden Name(s): \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color Eyes: \_\_\_\_\_ Color Hair: \_\_\_\_\_

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**Please print clearly all the information requested below.**

Your Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Your Address/Daytime Phone #: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **FOR HCJDC USE ONLY**

Fingerprint card required?: Yes \_\_\_\_ No \_\_\_\_

Public Access: Yes \_\_\_\_ No \_\_\_\_ Response: Phone \_\_\_\_ Hard Copy \_\_\_\_

Name Search (OBTS/CCH): No Record Found: \_\_\_\_\_ SID No.: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Fingerprint Search: No Record Found: \_\_\_\_\_ SID No.: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: